

Date Received _____

Fairfax County Community and Recreation Services
12011 Government Center Parkway, Suite 1050
Fairfax, Virginia 22035

Transportation Request

It is imperative that each applicable question be answered to ensure accurate transportation services.

Child's Name _____ Home Phone _____ Age _____

Home Address: _____

Parents Name: _____ Day-Time Phone: _____

☐ I do not require transportation.

☐ I require A.M transportation only

☐ I require P.M transportation only

☐ I require A.M and P.M. transportation

☐ I will drop off child at 8:30 a.m.

☐ I require a wheelchair lift vehicle.

→Will participant be attending Extended School Year/FCPS Summer School? - Yes ☐, No ☐

If yes, provide location: _____

Other: _____

Please be aware that the transportation ride may last up to 1 ½ hours one way and air conditioned buses are limited.

Parent/Careprovider Responsibilities:

- If a child is too small to benefit from a regular seat belt, parents are required to provide a car seat.
- Parents are responsible for putting their child on and off the bus when it arrives at the home.
- Parents are responsible for **placing a name tag on their child for the first three days.**
- Medications and other important items must be placed in the Transportation Packet on the bus for the appropriate center.
Fairfax County Public School (FCPS) staff are not allowed to handle medications.
- You must call the Bus Driver or the Recreation Office as soon as possible if your child will not be attending for the day.

Pick up/Drop off

→Is the morning pick-up location different from the home address? ☐ yes, ☐ no

If yes, provide the care provider's name, phone number of residence, and address of where the child is to be picked up in the morning:

Name of responsible adult who will be with the child: _____ phone: _____

Address: _____

→Is the return afternoon drop-off location different from the home address? ☐ yes, ☐ no

If yes, provide the care provider's name, phone number of residence, and address of where the child is to be returned in the afternoon.

Name of responsible adult who will be with the child: _____ phone: _____

Address: _____

→**You must provide an emergency location or your request will not be processed.** If for some reason, an adult is not at the return address to accept the child, please indicate an emergency drop off location-this could be your neighbors home.

Address: _____

Name: _____ phone: _____

1) Will you be sending medication with your child on the bus: ☐ yes, ☐ no

2) Does your child have seizures ☐ yes, ☐ no

3) Will you be providing a car seat for your child ☐ yes, ☐ no

4) Any difficulties in getting your child on/off the bus ☐ yes, ☐ no

5) Child will be dropped off without parental supervision ☐ yes, ☐ no

your home to be completed and returned to the office.

If checked yes, a release form will be mailed to

Signature of Parent

Date

FCPS Transportation will notify you of the a.m. pick-up and the p.m. drop-off times no later than 2 days before the start of the program.

For Office Use Only:

☐ AM only, ☐ PM only, ☐ AM & PM

Program: ☐ Leisure, ☐ Explorers, ☐ Elementary, ☐ Teen/Young Adult

Lift vehicle _____ Grid # _____ Tentative Placement: _____

Enrolled for ☐ all 6 weeks, ☐ wk1, ☐ wk2, ☐ wk3, ☐ wk4, ☐ wk5, ☐ wk6

TRS Contact Person: _____